**Employee Leave Application Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of leave** | **From**  **( dd/ mm/ yy )** | **To**  **( dd/ mm/ yy )** | **Total no. of working days** | Remarks |
| Annual Leave |  |  |  |  |
| Sick Leave |  |  |  |  |
| Maternity Leave |  |  |  |  |
| Funeral Leave |  |  |  |  |
| Marriage Leave |  |  |  |  |
| Maternity Leave |  |  |  |  |
| Paternity Leave |  |  |  |  |
| Other Leaves, please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Approved by

Date: Date: